STUDENT ROSTER

Faculty- Led Study Abroad

Faculty Member(s): (1)	(2)	
Course Name and Title:		
Destination(s):		
Dates:	Total number of days abroad:	
Please list the names of the student	ts and the total number of students that will be par	ticipating in the Faculty-led
Study Abroad program.	- -	
LAST NAME	FIRST NAME, MIDDLE INITIAL	STUDENT ID
1)		
,		
3)		
<u> </u>		
5)		
0)		
0.		
11)		
12)		
13)		
14)		
15)		
16)		
17)		
18)		
19)		
20)		

TOTAL NUMBER OF STUDENTS: